附件:

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| **山东省康复护理专科护士岗位培训申请表** | | | | | | | | | |
| **姓 名** |  | | **性别** |  | **出生日期** |  | | **照片** | |
| **民 族** |  | | **参加工作时间** | |  | | |
| **工作单位** |  | | | | | | |
| **科室及职务** |  | | | | **从事本专业工作年限** | | |  | |
| **护士注册号** |  | | | | | | | | |
| **通讯地址** |  | | | | **电子邮箱** |  | | | |
| **身份证号** |  | | | | **联系电话** |  | | | |
| **毕业院校名称** | | | | | **毕业时间** | | **学历** | | **学位** |
|  | | | | |  | |  | |  |
|  | | | | |  | |  | |  |
| **至今从事本专业工作经历** | |  | | | | | | | |
| **近五年参加教育培训情况** | |  | | | | | | | |
| **工作单位意见(盖章）** | | | | | | | | | |
| **年 月 日** | | | | | | | | | |
| **填表日期** | | | | | | | | | |

##### 最高学历毕业证书（复印件）

##### 护士执业证书（复印件）

##### 身份证正反面（复印件）